

## Indiana Confined Feeding Regulation Program



# CONFINED FEEDING APPROVAL APPLICATION

**2 copies of the following items are required when submitting an application:**

- ☐ **A completed application packet**
- ☐ **Plot Maps, described in the “Plot Maps and Farmstead Plan” section of the Guidance Manual**
  - \* **Soil Survey Maps**
  - \* **U.S.G.S. Topographic Maps**
- ☐ **Land-Use agreements (if applicable)**
- ☐ **Farmstead Map, described in the “Plot Maps and Farmstead Plan” section of the Guidance Manual**
- ☐ **Waste Management System design drawings, as described in the “Waste Management System Drawings” section of the Guidance Manual, for the following buildings/unit:**
  - \* **Proposed waste storage and animal confinement structures**
  - \* **Proposed conversion of existing structures**
  - \* **Not previously approved existing structures**
- ☐ **Design and construction details (including soil boring information if applicable) for proposed structures as described in the “Design and Construction Requirements” section of the Guidance Manual**
- ☐ **Fee Transmittal Form and \$100.00 fee**
- ☐ **Confidentiality Claim (if applicable)**
- ☐ **2 Copies of All Above Items**

**IF ANY OF THE REQUESTED MATERIALS ARE NOT PROVIDED, YOUR  
APPLICATION WILL NOT BE PROCESSED.**



**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
CONFINED FEEDING FACILITY APPROVAL APPLICATION  
FEE TRANSMITTAL FORM 48436**

This form shall be used to transmit fees for all confined feeding applications submitted or postmarked after June 30, 1997. The fee was established by the 1997 General Assembly as Ind. Code § 13-18-10-2 and is to accompany all applications. Make check or money order for \$100.00, payable to the Indiana Department of Environmental Management. Return this form and fee to the following address:

**Cashier's Office (N1324)  
Indiana Department of Environmental Management  
100 North Senate Avenue, P.O. Box 7060  
Indianapolis, Indiana 46206-7060**

**NOTE:** a **COPY** of the **CHECK** and **FEE TRANSMITTAL FORM** must be attached to the application. Submit all application information to:

**Confined Feeding Program  
Office of Land Quality  
Indiana Department of Environmental Management  
100 North Senate Avenue, P. O. Box 6015  
Indianapolis, Indiana 46206-6015**

**Applicant(s) Information**

Name		
Mailing Address	Street	City
State	Zip Code	Telephone Number (with Area Code)
County the Operation is Located in		

Please check the appropriate box:

- ☐ Completely New Operation (Currently undeveloped site)
- ☐ Existing Operation Without Prior Approval (Existing site, with or without construction)
- ☐ Modification to Approved Operation (New building and/or waste storage facility)



# Confined Feeding Approval Application

To submit a request for a confined feeding approval this form must be completed, signed, dated, and returned to:

Confined Feeding Program  
Indiana Department of Environmental Management  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015

## I. GENERAL OPERATION INFORMATION

### 1. Confined Feeding Operation

Operation Name \_\_\_\_\_

Mailing Address (*if different than owner address*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Facility Location (*nearest crossroads*) \_\_\_\_\_

County \_\_\_\_\_ U.S.G.S Quadrangle \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Directions from nearest town to the confined feeding operation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 2. Operation Owner

Applicant Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Business): ( \_\_\_\_\_ ) \_\_\_\_\_ (Residence): ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 3. Property Owner (*at the time of application submittal*)

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (Business): ( \_\_\_\_\_ ) \_\_\_\_\_ (Residence): ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. **Operation Manager/ and or Lessee** (if applicable)

Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Phone Number (Buisness): (\_\_\_\_)\_\_\_\_\_ (Residence): (\_\_\_\_)\_\_\_\_\_

E-mail Address:\_\_\_\_\_

5. **Application For:** (check one)

- ☐ Completely New Operation (Currently undeveloped site)
- ☐ Existing Operation With No Prior Approval (Existing site with or without construction)
- ☐ Modification and/or Expansion to Previously Approved Operation

Log # (Farm ID#)\_\_\_\_\_ Current AW#\_\_\_\_\_

6. **Proximity to Public Water Supply** (required)

Is any portion of the confined feeding operation located within 1,000 feet of a surface water intake structure for a public water supply? \_\_\_\_\_

(Yes)

(No)

If so, provide the name of the community: \_\_\_\_\_

**II. FACILITY DETAIL INFORMATION INSTRUCTIONS:**

Complete the "Facility Detail Information" sheet for all confinement and waste structures present at the site. Previously approved confinement and waste structures, as well as proposed units, must be detailed.

1. **Label on Farmstead Map** ~ The structures must be uniquely identified on the farmstead map you created. Existing structures should be labeled with an "E". Proposed structures should be labeled with a "P". After labeling each building with a "P" or "E", number the structures. Your structures should be labeled as "E1", "E2", "E3", etc; or "P1", P2", "P3", etc; or a combination of the two. Note: Other unique labeling systems will be accepted.
2. **Animal Type** ~ Choose from the following: Nursery Pigs <40 lbs, Finishing Hogs, Sows with Litters, Gestating Sows, Boars, Dairy Cows, Dairy Heifers, Dairy Calves, Veal Calves, Beef Calves <500 lbs, Fattening Cattle, Beef Cows, Broilers, Pullets, Layers, Turkeys, Ducks, Ewes or Feeder Lambs.

3. **Number of Animals** ~ Provide the MAXIMUM CAPACITY of the unit at any one time.
4. **Solid or Liquid** ~ Denote if the manure in the unit is handled as a solid or liquid.
5. **Date Constructed** ~ List the approximate date of construction for existing buildings.
6. **Water Uses (gal/unit of time)** ~ If the inside of the building is washed, indicate how much water is used and how often the building is cleaned. For example: if you wash your milking parlor twice daily with 500 gallons per wash, you would record 1,000 gal/day; or if you use 1,000 gallons of water between groups of animals and you change groups once a month, you would record 1,000 gal/month.
7. **Brief Description** ~ Provide a brief description of the facility and waste management system. Indicate if the unit shares manure storage with another unit (i.e. common lagoon system, slurry store, etc.). **Previously approved structures must have the approval # and date approved listed.**

### **Example 1**

#### ***Existing Previously Approved Swine Facility Proposing an Expansion***

You are seeking approval for a proposed 1,000 head finishing building with a flush gutter system to a proposed lagoon. The lagoon will service the new building as well as two existing buildings that were approved on 12/17/1994, AW #1234. One of the existing buildings contains 1,500 nursery pigs, the other 300 gestating sows. The new finishing building will be washed out between groups of hogs with about 5,000 gallons of water per cleaning. You labeled the 1,000 head finisher "1" and the lagoon "2" on the farmstead map.

FACILITY DETAIL INFORMATION						
Label on Farmstead Map	Animal Type	Number of Animals	Solid or Liquid	Date Constructed (for existing buildings)	Water Uses gal/unit of time	Brief Description:
P1	Finishing Hogs	1,000	Liquid	N/A	5000 gal/ 3 times a year	A finishing building with flush gutter system to lagoon that will service 2 other buildings on site
E1	Nursery Pigs	1,500	Liquid	3/95	N/A	Shallow pits, previously approved on 12/17/1994, AW# 1234. Pit will be hooked to new lagoon.
E2	Gestating Sows	300	Liquid	3/95	N/A	6 foot concrete pit, previously approved on 12/17/1994, AW# 1234. Pit will be tied to new lagoon.
P2	N/A	N/A	Liquid	N/A	N/A	A clay lined lagoon will service the proposed building as well as the 2 buildings previously approved on 12/17/1994, AW#1234

## **Example 2**

### ***Existing Turkey Facility with No Prior Approval Proposing an Expansion***

You currently own/operate a 20,000 bird broiler barn that does not require an approval, and wish to expand your operation by adding another 20,000 bird broiler barn and a manure compost building. Your total capacity will rise from 20,000 to 40,000 birds. You now must seek approval for both the existing barn and the proposed barn.

<b>FACILITY DETAIL INFORMATION</b>						
Label on Farmstead Map	Animal Type	Number of Animals	Solid or liquid	Date Constructed (for existing buildings)	Water Uses gal/unit of time	Brief Description:
E1	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
P1	Broiler	20,000	Solid	N/A	N/A	A broiler barn with earthen floors
P2	N/A	N/A	Solid	N/A	N/A	Earthen floored, additional manure storage

### **III. MANURE APPLICATION**

1. Please indicate who land applies manure from this operation:  
☐ Owner/Operator application  
☐ Custom application
2. Please indicate if spray irrigation is a method of land application      Yes / No
3. Total available acreage for land application of manure. **Copies of all land use agreements must accompany this application.**

(Set-backs must be subtracted from the total available acres to determine acreage available for land application).

**Total available land application acreage** \_\_\_\_\_

#### **IV. MARKETING/DISTRIBUTION OF MANURE**

IDEM will allow for a waiver of up to 75% of a facility's total land application requirement if the operation can provide the agency with documentation from the previous (2) two years that they have sold or distributed manure produced from the facility. The distribution documentation to be submitted with this application must include the names of people who received the manure, dates and amounts received, information regarding manure nutrient values and the list of land application restrictions that was provided to the consumer. More information, including sample calculations, can be found in the "Manure Management Plan" section of the Guidance Manual.

**PLEASE ATTACH RECORDS OF SALES OR DISTRIBUTIONS FOR THE PAST TWO YEARS IF FILLING OUT THIS SECTION**

## FACILITY DETAIL INFORMATION

[illegible]



# MANURE MANAGEMENT PLAN

## I. Manure Testing

You can consult Purdue University, Cooperative Extension Service Publications AY-277, ID-101, ID-205 ASwine Manure Management Planning@, ID-206 APoultry Manure Management Planning@, ID-208 ADairy Manure Management Planning @ for guidance on procedures for manure testing.

A. Manure Sample Collection Procedures:\_\_\_\_\_

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B. Nutrient Assessment:

- ☐ Private laboratory does a nutrient analysis of sample(s).
- ☐ N-Meter is used to determine nitrogen content.
- ☐ Other (explain)\_\_\_\_\_

C. Sampling Frequency:\_\_\_\_\_

## II. Soil Testing

You can consult Purdue University, Cooperative Extension Service Publication AY-281 for guidance on procedures for soil testing.

A. Sample Collection Method:

- ☐ Management unit (field level)
- ☐ Grid method
- ☐ By soil type
- ☐ Other (explain)\_\_\_\_\_

B. Nutrient Assessment:

- ☐ Private laboratory does nutrient analysis.
- ☐ Other (explain) \_\_\_\_\_

C. Sampling Frequency: \_\_\_\_\_

Additional Comments:\_\_\_\_\_

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By signing this form I attest that the information provided above is true and accurate.

SUBMITTED BY:\_\_\_\_\_ DATE:\_\_\_\_\_

## NOTIFICATION REQUIREMENTS FOR CONFINED FEEDING APPROVALS

This information is included in an attempt to provide you, the applicant, with the necessary guidance and forms to assure that all notification requirements placed on you and this agency will be met in order to ensure proper issuance. Indiana's statutes require notification be given to certain individuals at specific stages within the process.

There are currently three points in the process where public notification is required.

1. **Application Submittal**: IC 13-18-10 requires the applicant to provide notice to all adjoining landowners or occupants and the County Board of Commissioners within 10 working days of submittal. **This requirement is for operations that are to be constructed on property that is undeveloped or operations for which a valid existing approval has not been issued.** The cost is borne by the applicant.
2. **Application Receipt**: IC 13-15-3-1 requires this agency to notify the County Board of Commissioners, Mayor or Town Council President of any county, city or town that is affected by your application. Applications for facilities with twenty times the animal numbers required for approval listed in 327 IAC 16-2-5 and/or existing facilities that have had a discharge subject to an enforcement action by the agency in the previous five years, will be public noticed by this agency, in the local newspaper.
3. **Issuance of Decision**: IC 4-21.5 requires this Agency to give notice of its decision on your application to potentially affected persons. Potentially affected persons are the adjoining property owners on the list provided in the application and those who have identified themselves to the Agency with a request to be notified.

## NOTIFICATION INFORMATION NEEDED FOR A CONFINED FEEDING APPROVAL

1. **Affidavit**: The enclosed affidavit states you will provide the required notice to all adjoining property owners or occupants and County Board of Commissioners within 10 working days of submitting an approval application to IDEM. It must be completed, signed, notarized and returned with your application. **This requirement is for operations that are to be constructed on property that is undeveloped or operations for which a valid existing approval has not been issued.**
2. **Potentially Affected Persons**: You must identify and provide complete addresses for all persons potentially affected by issuance of the approval or that are required to be notified by law. You must notify all those adjoining property owners or occupants per IC 13-18-10.

## NOTIFICATION OF APPLICATION SUBMITTAL

A sample notification format has been included in the application for your use, but you are free to develop your own format. Your notice must (1) be in writing; (2) be sent by mail; (3) include the date on which the application was submitted; and (4) include a brief description on the subject of the application. A separate notification should be prepared for the County Board of Commissioners and each individual owning or occupying property adjoining the confined feeding operation. Please feel free to provide more information in the notification form, such as details about type of animals confined, type of manure (ie solid/liquid) to be applied, and methods of application, etc.

## NOTIFICATION OF APPLICATION SUBMITTAL

As an adjoining property owner or occupant of the property listed below, you are hereby notified in accordance with IC 13-18-10, that application has been made to the Indiana Department of Environmental Management (IDEM) for a confined feeding approval at the following location:

Applicant's Name: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_

Property Location: \_\_\_\_\_

County: \_\_\_\_\_

Political Township: \_\_\_\_\_

Section: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_

Mailing Address or Nearest Crossroads: \_\_\_\_\_

Brief Description of Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your name and address have been provided to IDEM to be notified of the decision regarding the confined feeding operation proposal. Questions regarding the location or other aspects of the application should be addressed to:

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

IDEM will accept your written comments for 30 days after receiving the application at the following address:

Confined Feeding Program  
Indiana Department of Environmental Management  
100 North Senate Avenue  
P.O. Box 6015  
Indianapolis, Indiana 46206-6015

**The Administrative Orders & Procedures Act IC 4-21.5 requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your application to the following persons:**

- A. Each person to whom the decision is specifically directed;
- B. Each person to whom a law requires notice be given;
- C. Each person who has provided IDEM with a written request for notification of the decision;
- D. Each person who has a substantial and direct proprietary interest in the issuance of the approval;
- E. Each person whose absence as a party in the proceeding concerning the approval decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the approval and is so situated that the disposition of the matter, in the person's absence may:
  - 1. As a practical matter impair or impede the person's ability to protect that interest, or
  - 2. Leave any other person who is a party to a proceeding concerning the approval subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

IC 4-21.5 provides that we may request your assistance in identifying these people. Your failure to properly identify these people could result in reversal on procedural grounds of any decision which is made.

I have reviewed the treatment/control facility plans and specifications, and the information contained in the foregoing form. To the best of my knowledge and belief, such information is true, complete, and accurate.

**THIS MUST BE SIGNED**

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(TITLE - CONFINED FEEDING OPERATION OWNER OR AUTHORIZED AGENT)

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(SIGNATURE OF CONFINED FEEDING OPERATION OWNER OR AUTHORIZED AGENT)

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(\*SIGNATURE OF PROPERTY OWNER, IF DIFFERENT THAN OPERATION OWNER\*)

- \* *A letter from the property owner acknowledging the submittal of an application for approval of a CFO on their property may substitute for signature.*

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(DATE APPLICATION SIGNED)



State Form 51255 (3/03)

## Confined Feeding Operation COMPLETED CONSTRUCTION AFFIDAVIT

**Important:** This affidavit must be filled out, notarized and returned to:

**IDEM, Office of Land Quality – Permits Branch  
100 North Senate Avenue  
PO Box 6015  
Indianapolis, IN 46206-6015**

**within 30 days of completed construction AND prior to the introduction of animals.**

This form may be used multiple times during a phased construction project. Should you desire to populate a completed barn prior to completion of the remaining construction, this form must be submitted.

\_\_\_\_\_, being first duly sworn upon oath, deposes and says:  
(Owner / Operator Name)

1. I live in \_\_\_\_\_ County, Indiana, and being of sound mind and over twenty-one years of age, I am competent to give this affidavit.
2. I am legally authorized to make the representations in this Affidavit on behalf of \_\_\_\_\_, the recipient of approval number AW- \_\_\_\_\_ issued on \_\_\_\_\_.
3. I know and understand the requirements for construction of the confined feeding operation as imposed by the approval.
4. I have personal knowledge of the construction of the confined feeding operation that is the subject of the approval.
5. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION (or a portion of the facility) WAS CONSTRUCTED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, IC 13-18-10, AND 327 IAC 16.
6. \_\_\_\_\_ (Initial here if this section applies). I have submitted written notification to IDEM of any changes to the facility, allowed by 327 IAC 16-7-5(b), after the approval letter was effective.
7. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WILL BE OPERATED IN ACCORDANCE WITH THE APPROVAL LETTER FROM THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT, IC 13-18-10, AND 327 IAC 16.

\_\_\_\_\_  
I affirm under penalty of perjury that the representations contained in this affidavit are true, to the best of my information and belief.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Date

\*\*\*\*\*  
STATE OF INDIANA                      COUNTY OF \_\_\_\_\_

Before me as a Notary Public in and for said County and State, \_\_\_\_\_ personally appeared and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Resident of \_\_\_\_\_ County

**NOTE: THIS PAGE MUST BE COMPLETED.**

**IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS**

(Administrative Orders & Procedures Act)

To ensure conformance with the Administrative Orders and Procedures Act and to avoid reversal of a decision, you must list all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. These parties must include, but are not necessarily limited to, property owners adjacent to the confined feeding operation. You must include all those adjoining property owners or occupants that you are required to notify per IC 13-18-10.

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

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CITY, STATE, ZIP \_\_\_\_\_

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CITY, STATE, ZIP \_\_\_\_\_

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CITY, STATE, ZIP \_\_\_\_\_

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CITY, STATE, ZIP \_\_\_\_\_

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STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

Attach additional names and addresses on a separate sheet of paper, as needed.

## **CONFIDENTIALITY INFORMATION SHEET**

This sheet includes information on the following issues relating to confidentiality:

- I.** Laws and rules regarding confidentiality
- II.** When to claim confidentiality
- III.** How to claim confidentiality
- IV.** IDEM's determination on your claim

### **I. Laws and rules regarding confidentiality**

Generally all documents submitted to a government agency are public records and available for viewing by anyone. An exception to the rule language on public records (327 IAC 12.1) is the option for those regulated by IDEM to claim that their application materials or records are confidential and not subject to public viewing per 327 IAC 12.1-3-1(b). The basis for the claim of confidentiality is that the material or records can be deemed to be a "trade secret" as defined in IC 24-2-3-2(2)(C). The definition is printed below for your reference:

"Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique, or process, that: (1) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. As added by Acts 1982, P.L.148, SEC.1. Amended by P.L.8-1993, SEC.343.

### **II. When to claim confidentiality**

There are two instances where a producer may want to exercise a claim for confidentiality: 1) at the time of application for a Confined Feeding Approval and 2) during the acquisition of operating records by an IDEM inspector per 327 IAC 12.1-4-1(b).

### **III. How to claim confidentiality**

In order to claim confidentiality, a very specific process must be followed per 327 IAC 12.1-4-1(a). For all application materials, a claim of confidentiality can be made by using the "Application Confidentiality Claim" form. Segregate the items you wish to claim as confidential and attach the Application Confidentiality Claim form to the front of these items. Additionally, each item must be clearly labeled as confidential. In addition to proper labeling, the request must contain supporting information to show that these materials are entitled to confidential treatment. The supporting information must meet the criteria as established in 327 IAC 12.1-4-1(d) which is printed below:

- (d) The person submitting the claim shall provide supporting information to show the information claimed as confidential is entitled to confidential treatment under IC 5-14-3, including the following:
  - (1) State that the information is a specific type of confidential information under IC 5-14-3-4(a) and IC 13-14-11-3(a)(1) or IC 5-14-3-4(b) and IC 13-14-11-3(a)(2). If the information is confidential under IC 5-14-3-4(a)(4), the person submitting the claim shall provide a narrative statement or documents supporting the claim that the information meets the necessary elements of a trade secret as defined at IC 24-2-3-2.



- (2) State whether the information has previously been determined to be confidential by the commissioner.
- (3) Indicate the portion of the supporting information claimed as confidential as specified in subsection (c). (Full citation is 327 IAC 12.1-4-1(c)).
- (4) Specify the period of time for which confidentiality is requested if the period is to be other than seventy-five (75) years as provided in IC 5-14-3-4(e).
- (5) Whenever the claim is based on the commissioner's discretionary power to grant confidential status to information under IC 5-14-3-4(b) and IC 13-14-11-3(a)(2), state all of the following:
  - (A) The statute, rule, permit, or other authority that requires the submission of such information.
  - (B) Facts demonstrating that the information may be treated as confidential under IC 5-14-3-4(b).

For claiming confidentiality on materials that IDEM is acquiring from your operating record for enforcement or other purposes, use the "Inspection Confidentiality Claim" form which is available from inspectors. At the time of the inspection, list all the documents which you feel are confidential in the middle section. The basis for claiming confidentiality is to be listed in the lower section of this form and can be done either at the time of the inspection or up to five days after the inspection. Since the form is in triplicate, one sheet can be provided to the inspector, a second sheet can be mailed in within 5 days by the owner/operator, and a third sheet can be retained by the owner/operator.

#### **IV. IDEM's Determination on Confidentiality**

Once your request has been properly made to IDEM, the agency will make a determination on whether it qualifies for confidentiality or not. Per 327 IAC 12.1-6-2, the agency may request additional information before making the final decision of approval or denial of the request. The submitted or acquired material will be treated as confidential until a final decision has been made. In accordance with IC 4-21.5, as with any other agency decision, a determination on confidentiality is appealable.



**APPLICATION  
CONFIDENTIALITY CLAIM**

This form must be used when submitting information you wish to claim as confidential to IDEM with your application for a confined feeding approval. Any information not specifically claimed as confidential becomes a public record upon receipt by the department. List below the information claimed as confidential and the element of the definition of “trade secret” under IC 24-2-3-2 that applies.

In accordance with 327 12.1-4-1, I claim the following information as confidential under IC 5-14-3-4:

Confidential Information:

Basis for Statutory Confidentiality Claim:

1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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2) \_\_\_\_\_  
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3) \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date